



Main Office:

STATE OF NEVADA
STATE BOARD OF COSMETOLOGY
1785 E. Sahara Avenue, Suite 255
Las Vegas, Nevada 89104
(702) 486-6542
Fax: (702) 369-8064

Branch Office:

STATE OF NEVADA
STATE BOARD OF COSMETOLOGY
4600 Kietzke Lane, Building I, Suite 200
Reno, Nevada 89502
(775) 688-1442
Fax: (775) 688-1441

THIS IS A REQUEST FORM TO RECEIVE AN APPLICATION PACKET.

- 1) You must have a current license in good standing, in at least one State.
- 2) You must either have the State you tested in prove you passed a Nationally Sponsored Written examination OR you must take the National examination in Nevada.

TO RECEIVE AN APPLICATION PACKET with all necessary forms required, complete the attached form below and return it to the address listed above with a **MONEY ORDER OR CASHIER'S CHECK ONLY** in the amount of **\$15** for your application fee. PLEASE DO NOT SEND CASH IN THE MAIL AND **DO NOT SEND PERSONAL CHECKS FROM ANY STATE.**

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DO NOT SEND ANY DOCUMENTS AT THIS TIME!



Legal Name: _____ Birth date: _____

Current address: _____

Day phone #: _____ Social Security #: _____

State where licensed: _____ License number: _____

Type of license: Cosmetologist _____ (please check one)
Manicurist _____
Aesthetician _____
Electrologist _____
Instructor _____ --(Must apply and receive a Nevada Cosmetologist first)

Language: English ☐ (please check one)
Spanish ☐

FOR OFFICE USE ONLY BELOW THIS LINE

Paid \$ _____ How _____ X- _____ Date received _____